

Guidelines for the KARM Travelling Fellowship Program

1. Objectives

The objectives of the Fellowship Program are through the education of young physiatrist

- to improve the quality of research and clinical management in the field of physical medicine and rehabilitation
- to encourage mutual friendship as well as collaboration between physiatrists

2. Administration of the Fellowship Program

The Fellowship program will be administered under the rules of KARM Fellowship, as determined by KARM. With regard to clinical training and/or research in Korea, KARM will be responsible for the following matters:

- (1) Selection of recipients.
- (2) Assistance in finding an institution appropriate for each candidate.
- (3) Funding (a grant) for the Fellowship.
- (4) Issuance of a certificate to confirm that the program has been completed, after related reports have been submitted by the recipient and his or her tutor.

3. Institutions for Clinical Training and/or Research

These include national, public, or private institutions in Korea, including universities, colleges, hospitals, and laboratories that are able to receive recipients.

4. Term and Period for Clinical Training and/or Research

- (1) The term for clinical training and/or research will, in principle, last 4 weeks (during September and October).
- (2) The period of clinical training and/or research will not, in principle, be altered.
- (3) The recipients must begin their training in the year of application.
- (4) Applications are due by March 31st of each calendar year, and applicants will be officially notified of KARM's decision in June of that year.

5. Field of Clinical Training and/or Research

Clinical training and/or research shall be in the field of physical medicine and rehabilitation (e.g., brain, spinal cord injury, pediatrics, musculoskeletal disorders, pulmonary disorders, cardiac disease, and electrodiagnostic medicine)

6. Requirements of Applicants

- (1) *Age*: Applicants may be up to 40 years of age.
- (2) *Career*: Applicants must be specialists (physiatrists) or medical doctors (in countries lacking an academic representative of rehabilitation medicine) who have sufficient training and experience in physical medicine and rehabilitation and have graduated from medical colleges.

- (3) *Language:* Applicants must be fluent in English or Korean to enable them to complete the clinical training and/or research. (Final approval of an applicant can be decided by means of a telephone interview.)

7. Duties of Recipients

- (1) During the period of clinical training and/or research, recipients must obey Korean law, should cooperate with tutors and related personnel, and should make every effort to meet the objectives of the Fellowship.
- (2) On completion of the period of clinical training and/or research, the recipient must attend the annual meeting of KARM (usually held in the end of October of each year) and give an oral presentation or lecture on the topic for which the recipient was trained in Korea. Recipients must also submit a related report to the office of KARM as soon as possible once their training has been completed.
- (3) Immediately upon completion of the clinical training and/or research, recipients are obliged to leave Korea for their home country, where they are expected to contribute to the general improvement of physical medicine and rehabilitation.
- (4) After successful completion of the Fellowship program, the recipient becomes an honorary member of KARM.

8. Sponsorship (grant) for Recipient

- (1) KARM sponsors physiatrists who would like to spend time as a Visiting Fellow in Korea.
- (2) The grant per recipient will be prepared in cash or payment in kind for 2,500,000 KRW (4-week program).
- (3) If the recipient receives other financial support during his or her stay in Korea, the KARM grant will be terminated and the responsibility for supporting the recipient will be transferred to the new sponsor.

9. Documents to be submitted:

- ✓ A completed application form (see form below)
- ✓ Letter of recommendation — One letter of recommendation to the President of KARM (This should be from the president of your national society of physical medicine and rehabilitation, or, if there is no representative of rehabilitation medicine, your national medical association.)
- ✓ A curriculum vitae
- ✓ A copy of your passport
- ✓ A medical report (see below)
- ✓ A copy of your medical insurance
- ✓ A written pledge (see below)
- ✓ A guarantor (other than a family member)
- ✓ A copy of your license(s) as a medical doctor and/or physiatrist
- ✓ A certification of employment (if available)

10. Application deadline: [March 31st, 2024](#)

11. Administration/Reception Office: KARM Office

Please complete the application form and mail it, along with all the materials requested above, to

International Affairs and Public Cooperation Committee, KARM

#1004, TotooValley, 217

Saechang-ro, Yongsan-gu

Seoul 04376, Korea

Fax: +82-2-6016-9794

E-mail: karm@karm.or.kr

**Application Form
for KARM Fellowship**

Full name:
Date of birth (d/m/y): / / Age/Sex: Place of birth: Nationality:
Membership in academic societies:
The year you became a rehabilitation specialist (physiatrist):
Contact information for correspondence: Address: Phone: Fax: E-mail:
Academic career (after high school): <p style="text-align: center;">Year/Position</p> (1) (2) (3) (4)
Employment history: <p style="text-align: center;">Year/Position</p> (1) (2) (3) (4)
Current position (employer, job title, and description):

Specialty:

Requested field: **Clinical training and/or** **Research**

Desired area of rehabilitation training (please check no more than 2 items):

- Brain
- Spinal cord injury
- Pediatrics
- Musculoskeletal disorders
- Pulmonary disorders
- Cardiac disease
- Electrodiagnostic medicine
- Other: _____

Requested institution for clinical training and/or research:

- No special request**
- Special request in:** _____

Already applied to **Not applied to**

Requested program of clinical training and/or research:

- 4-week program (October)**
- 8-week program (September–October)**

Itinerary after completion of clinical training and/or research:

Special remarks:

Photograph
(upper half of body)

Reason for application, and future plans after completing this training program:

**List of recent publications in the last 5 years
(please follow the reference style of *Index Medicus*):**

Date (d/m/y): / /

Signature _____

Pledge

If appointed a recipient of the KARM Fellowship, I hereby pledge the following:

(1) During the period of clinical training and/or research, I will obey Korean law, will cooperate with teachers and related personnel, and will make every effort to achieve the objectives of the Fellowship.

(2) On completion of the period of clinical training and/or research, I will attend the annual meeting of KARM and either present my study orally or lecture on the topic for which I was trained in Korea. In addition, I will submit a related report to the KARM Office at my earliest convenience.

(3) Immediately upon completion of the clinical training and/or research program, I will leave Korea and return to my home country, where I will contribute to the general improvement of physical medicine and rehabilitation.

(4) I absolve KARM of all responsibility should I incur any physical or financial harm occurred during my training program in Korea.

Date (d/m/y): / /

Signature _____

Print full name _____

Medical Report
(to be filled out by the applicant's physician)

Name of applicant: _____

Date of birth (d/m/y): Sex: Height: _____ cm Weight: _____ kg

1. Please describe any history of illness or disorders the applicant has had during the past 5 years, including any treatment(s) and present status.

2. List any abnormalities evident on the chest X-ray.

3. What is the applicant's blood pressure?

4. Is the applicant free of infectious disease (AIDS, tuberculosis, trachoma, skin disease, etc.)? If not, please explain.

5. Is the applicant physically and mentally able to undertake intensive training away from his/her home?

6. Describe the applicant's overall health condition and include remarks pertaining to the examination.

Name and Address of Clinic:

Date:

Name of physician:

Signature (stamp)